

## TAMMY A. STERNARD, SHERIFF

Patrick McCarty, Chief Deputy Robert Lauder, Patrol Lieutenant Kyle Veeser, Jail Lieutenant

NON-EMERGENCY (920) 746-2400

## **Direct Deposit Authorization**

EMPLOYER INFORMATION		
Name of Business / Company	:	
Address: (Street)	(City)	(Zip Code)
	EMPLOYEE INFORMATION	
Employee Name:	EMPLOYEE INFORMATION	
. ,		
Address: (Street)	(City)	(Zip Code)
Nicelet Netional Deals	DIRECT DEPOSIT INFORMATION	
Nicolet National Bank		
Door County Inmate Trust Fund Account 1203 S Duluth Ave, Sturgeon Bay, WI 54235		
Routing Number: 0759179	937	
Account Number: 7653311		
	AUTUORIZATION FOR DIRECT DEPO	
	AUTHORIZATION FOR DIRECT DEPOS	oli —
I hereby authorize the employer/organization above to deposit my payroll check directly to the account		
listed above effective/ This authorization will remain effective until I provide written		
notification of change or cancellation to the originating organization.		
Employee Signature:		Date:

THIS FORM MUST BE COMPLETED IF YOUR EMPLOYER REQUIRES DIRECT DEPOSIT.

UPON COMPLETION, GIVE THE ORGINAL TO YOUR EMPLOYER AND INCLUDE A COPY WITH YOUR HUBER APPLICATION.

EMPLOYER, IF YOU HAVE ANY QUESTIONS, PLEASE CALL (920) 746-5663.